



ILLINOIS
ADMINISTRATIVE & REGULATORY SHARED SERVICES CENTER

PAYROLL DEDUCTION AUTHORIZATION FORM

☐ New ☐ Change ☐ Revocation

I hereby authorize a deduction in the amount certified as the current rate of deduction to be withheld from my pay in accordance with the State Salary and Annuity Withholding Act.

Deduction for _____
Payee Name Payee Code No.

Name _____
Last Name First Middle

Street _____ City _____

Social Security Number _____ Payroll Code No. _____

Agency: ☐ Central Management Services ☐ Financial & Professional Regulation ☐ Gaming Board ☐ IL Power Agency
☐ Revenue ☐ Lottery ☐ Racing Board ☐ Insurance

Initial Deduction: Per Pay Period \$ _____ Effective Pay Period _____
Month \$ _____ Date _____

SSC-1 (R-9/11)
IL-492-1006

Signed _____

Instructions for Completion

Please complete the form in full including your signature and send to the Administrative & Regulatory Shared Services Center, Payroll Section.

Mailing Address:

A & R Shared Services Center
Payroll Section
101 West Jefferson Street, 3-110
Springfield, IL 62702

Or you can fax the signed completed form to ATTN: Payroll Section at 217 785-7702.

If you have any questions, please contact the Payroll Section at 217 782-7638.

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